

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | VT       | 69607  | 9/26/00 |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          | Q        | 71070  | 10/21   |
| RESPONSE FORMALITY REVIEW |          |        |         |

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INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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| 1     | 1     | 1        |      |
| 2     | 2     | 2        |      |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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